

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

CTD001149038

Small gen. NOV 28 1980

I. NAME OF INSTALLATION

BROWN MANUFACTURING COMPANY\*

II. INSTALLATION MAILING ADDRESS

PO BOX 459

PLAINVILLE

CT 06062

III. LOCATION OF INSTALLATION

NORTHWEST DRIVE

PLAINVILLE

CT 06062

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

CTD001149038

I. NAME OF INSTALLATION

BROWN MANUFACTURING COMPANY INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 459

CITY OR TOWN

PLAINVILLE

ST.

ZIP CODE

CT 06062

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

NORTHWEST DRIVE

CITY OR TOWN

PLAINVILLE

ST.

ZIP CODE

CT 06062

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

BROWN DOUGLAS VICE PRES

203-747-5521

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

HOWARD L BROWN DOUGLAS D BROWN

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

A. GENERATION

C. TREAT/STORE/DISPOSE

B. TRANSPORTATION (complete item VII)

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

C. HIGHWAY

D. WATER

E. OTHER (specify):

7

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

X A. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE



5	W	C	T	D	0	9	1	1	4	9	0	3	8	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 FOOL 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Douglas D Brown

NAME &amp; OFFICIAL TITLE (type or print)

Vice President

DATE SIGNED

11/19/80

EPA Form 8700-12 (6-80) REVERSE

Small

generators:

&lt; 150 gals / year

HCl, trichloroethane





NOV 28 1980

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

25 Nov. 1980

EPA I.D. No: CTD001149038

Dear Notifier:

The U.S. Environmental Protection Agency (EPA) has received the notification which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, 42 U.S.C. 6930. Our review of the notification shows that either all pertinent information was not included, it was illegible, or some question exists concerning final disposition of the notification. The box marked below will identify which applies and the appropriate action on your part.

- ☒ 1. Pertinent information required was not included. Please complete the items circled in red.
- ☐ 2. The form was illegible. A new Notification Form is being returned to you for completion.
- ☐ 3. You have indicated you do not handle hazardous waste. If you will in the future and would like an EPA I.D. number at this time, please resubmit the enclosed form completing the items circled in red. If you do not respond by the date indicated below your notification will be disregarded.

Please follow the instructions above returning the form and this letter to the following address by 11/1.

U.S. EPA - Region I  
P.O. Box 8748  
Boston, MA 02114

as soon as possible

Respectfully yours,

*Richard A. Cavagnero*

Richard A. Cavagnero  
Notification Project Officer  
Region I

**RESPONDENT CONTACT RECORD (RCR)**

FACILITY ID NUMBER <div style="border: 1px solid black; display: inline-block; padding: 2px;">C T D 0 0 1 1 4 9 0 3 8</div>				COMPANY NAME <i>Brown Mfg. Co.</i>					
COMPANY ADDRESS <i>Northwest Dr.</i>				CITY <i>1</i>		STATE ABBREV. <div style="border: 1px solid black; display: inline-block; padding: 2px;">C T</div>		ZIP CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">  </div>	
CONTACT PERSON'S NAME/TITLE <i>Douglas Brown</i>						TELEPHONE NUMBER (INCLUDE AREA CODE) <div style="border: 1px solid black; display: inline-block; padding: 2px;">2 0 3 7 4 7 - 5 5 2 1</div>			
<b>CONTACT RECORD</b>									
DATE		CONTRACTOR'S INITIALS		ITEMS DISCUSSED/RESOLUTION					
12/15		BK		Returned form with "type of hazardous waste activity" missing.					
				Called to see what they did.					
				They are a small generator,					
				generating less than 150 gal. trichloroethane					
				per year.					

8-244-2000